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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043364 (6)**

1. Corporation Name

BARNETT BANK PREMISES COMPANY - PLANTATION

Principal Place of Business	Mailing Address
9000 SOUTHSIDE BLVD BLDG 300 JACKSONVILLE FL 32256	50 N LAURA ST. ATTN: REG. RELATIONS JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address
21 50 North Laura Street	26
Suite, Apt. #, etc.: 22 Mail Code 099-000-1468	Suite, Apt. #, etc.: 27
City & State: 23 Jacksonville, FL	City & State: 28
Zip: 24 32202 Country: 25 USA	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3250761 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAF, JEFFREY K
9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Graf, Jeffrey K
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
83: Mail Code 099-000-1468
84 City: Jacksonville, FL **FL** 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D, V	☒ Change ☐ Addition
NAME	SMITH, DAVID R JR.		1.2 NAME	Smith, David R Jr.	
STREET ADDRESS	50 N LAURA ST		1.3 STREET ADDRESS	50 North Laura Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	☐ DELETE	2.1 TITLE	D, V	☒ Change ☐ Addition
NAME	GRAF, JEFFREY K		2.2 NAME	Graf, Jeffrey K	
STREET ADDRESS	9000 SOUTHSIDE BLVD		2.3 STREET ADDRESS	50 North Laura Street	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME			3.2 NAME	Ghomeshi, Mehdi	
STREET ADDRESS			3.3 STREET ADDRESS	50 North Laura Street	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville, Fl 32202	
TITLE		☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME			4.2 NAME	Schaller, Margaret P	
STREET ADDRESS			4.3 STREET ADDRESS	1101 E. Atlantic Blvd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	Blankstein,Alan	
STREET ADDRESS			5.3 STREET ADDRESS	801 E. Hallendale Beach Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Akins, Roy	
STREET ADDRESS			6.3 STREET ADDRESS	1000 Century Park	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33607	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/96 791 5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #